24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Local Voices		C C00531624
		M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report	port Amends report	
Full Name of Payee Courtyard by Marriott		Date of Public Distribution/Dissemination
		09 / 20 / Y Y Y Y Y
Mailing Address 600 Unicorn Park Drive		Amount
City State	Zip Code	323.01
Woburn MA	01801	Transaction ID : D528620 Date of Disbursement or Obligation
Purpose of Expenditure Media production expense	Category/ Type	Date of Disbursement of Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	✗ Support	Office Sought: House District:00
Hillary R Clinton	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ☐
Full Name of Payee		Date of Public Distribution/Dissemination
Loki Films		09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 195 Chrystie Street		Amount
Suite 901B		
City State New York NY	Zip Code 10002	Transaction ID : D528515 Date of Disbursement or Obligation
Purpose of Expenditure Media production expenses	Category/ Type	09 / 13 / 2016
Name of Federal Candidate	x Support	Office Sought: House District: 00
Hillary R Clinton	Oppose	🗶 President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		796.92
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Houston King	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	nically Filea Date	09 21 2016